FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

826 Mail Processing Section

AUG 222008

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1328	(057							
OMB A	PPROVAL							
OMB Number	3235-0076							
Expires:	August 31, 2008							
Estimated average burden								
hours per respon	nse 16.00							

SEC USE ONLY							
Prefix		Serial					
DA	TE RECEIV	'ED					

Machine						
Name of Offering (check if this is an amer	dment and name has	changed, and ind	icate change.)			
Isothermal Systems Research, Inc 2008-A	Secured Promissor	ry Notes	<i>.</i>			
Filing Under (Check box(es) that apply):	Rule 504	Rule 505	Rule 506	Section Section	on 4(6) ULOE	
Type of Filing: New Filing Am	endment					
	A. BASIC I	DENTIFICATIO	N DATA		EEN BOID ENELLIGIE HIND EELI LOU 1611	
1. Enter the information requested about the iss	suer					
Name of Issuer (check if this is an amer	dment and name has	changed, and ind	icate change.)			
ISOTHERMAL SYSTEMS RESEARCH, II					8058528	-
Address of Executive Offices	•	Street, City, State	e, Zip Code)	Tel		,
2218 North Molter Rd., Liberty Lake, WA 9	9019			509-232-2600		
Address of Principal Business Operations	(Number and	Street, City, State	e, Zip Code)	Telephone Num	iber (Including Area Co	de)
same						
Brief Description of Business						
D 11 C1						
Provider of electronic system cooling and po	ickaging solutions					
Type of Business Organization				σ.		
corporation	limited partner	ship, already form	ed	∐ other	(please specify):	
business trust	limited partners	ship, to be formed				
		Month	Year		PROC	ESSED
Actual or Estimated Date of Incorporation or O	rganization:	0 2	9 3	Actual	Estimated	
					Alig 2	8 2008
Jurisdiction of Incorporation or Organization:	(Enter two-letter U			or State:	W A ACC	V 2000
	CN for Canada; FN	l for other foreign	jurisdiction)		THOMSO	N RFLITER
CONTROL INCOMPLICATION						

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

2. Enter the information requested for the fol	lowing:			
 Each promoter of the issuer, if the is 	suer has been organized wi	ithin the past five years;		
 Each beneficial owner having the securities of the issuer; 	power to vote or dispos	se, or direct the vote or	disposition of, 1	0% or more of a class of equity
Each executive officer and director of the second control of	of corporate issuers and of	corporate general and mana	aging partners of p	partnership issuers; and
Each general and managing partner	-	. •		•
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Tilton, Donald E.				0 0
Business or Residence Address (Number and 2218 North Molter Rd., Liberty Lake, WA		de)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) <i>Tilton, Charles L.</i>				
Business or Residence Address (Number and 2218 North Molter Rd., Liberty Lake, WA		de)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Eisler, David				
Business or Residence Address (Number and 2218 North Molter Rd., Liberty Lake, WA		de)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Stitt, David				
Business or Residence Address (Number and 2218 North Molter Rd., Liberty Lake, WA		de)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Banyan Capital Partners II, L.P.				
Business or Residence Address (Number and 1111 W. Georgia Street, Suite 2150, Vanc				
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Weston, Dennis P.				
Business or Residence Address (Number and 2218 North Molter Rd., Liberty Lake, WA		de)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Fluke Venture Partners II, L.P.				
Business or Residence Address (Number and 11400 S. E. 6th Street, Suite 230, Bellevue		de)		

A. BASIC IDENTIFICATION DATA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		(A. Basic Id	dentification Data continued	d)	
		A. BASIC IDE	ENTIFICATION DATA		
2. Enter the information	requested for the fo	llowing:			
Each promoter o	f the issuer, if the is	ssuer has been organized w	ithin the past five years;		
 Each beneficial securities of the 		power to vote or dispo	se, or direct the vote or	disposition of, 1	0% or more of a class of equity
Each executive of	fficer and director	of corporate issuers and of	corporate general and man	aging partners of p	partnership issuers; and
Each general and	l managing partner	of partnership issuers.			
Check Box(es) that Apply	y: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name fir McFarland, Robert	st, if individual)				
Business or Residence Ac 2218 North Molter Rd.,	,	Street, City, State, Zip Co 1 99019	ode)		
Check Box(es) that Apply	y: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name fir Sestili, Paul	st, if individual)				
Business or Residence Ac 2218 North Molter Rd.,	,	Street, City, State, Zip Co 1 99019	ode)		
Check Box(es) that Apply	y: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name fir Baddeley, R. Joseph	st, if individual)				
Business or Residence Ac 2218 North Molter Rd.,	•	Street, City, State, Zip Co 1 99019	ode)		
Check Box(es) that Apply	y: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

2218 North Molter Rd., Liberty Lake, WA 99019

Business or Residence Address (Number and Street, City, State, Zip Code)

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Beneficial Owner

Gerber, Matt

Check Box(es) that Apply:

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Executive Officer

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Director

General and/or Managing Partner

				В, 1	NFORMA	TION ABO	UT OFFER	RING				
											Yes	No
1. Has the	e issuer sold	or does the	issuer inter	nd to sell, to	non-accred	ited investor	rs in this off	ering?				\boxtimes
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?									<u>N/A</u>			
											Yes	No
3. Does the	he offering p	ermit joint	ownership o	f a single u	nit?						🛛	
	he informati											
	remuneration											
	associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information											
for that broker or dealer only. NOT APPLICABLE												
Full Name (Last name first, if individual)												
D		A 44 (A)		C4	Ct-t- 7:- C	2-4-1						
Business o	r Residence	Address (N	umber and	Street, City,	State, Zip C	Loge)						
Name of A	Associated B	roker or De	aler				. * .					
States in V	Vhich Persor	Listed Has	Solicited o	r Intends to	Solicit Purc	hasers					_	
	Il States" or											States
[AL] [IL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID]
[MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[ND]	[OH]	[OK]	[OR]	[MO] [PA]
[RI]	[scj	[SD]	[TN]	[TX]	້[ບT]	įvtj	[VA]	[WA]	[wvj	[wɪj	[wyj	[PR]
Full Name	(Last name	first, if indi	vidual)									
Dusinass	- Dooldsoo	Add (N		C C:	Chata 7!- (2-1-1						
Business o	r Residence	Address (N	umber and	Street, City,	, State, Zip C	Lode)						
Name of A	ssociated B	roker or De	aler					, .				
	· · · · · · · · · · · · · · · · · · ·										<u> </u>	
	Vhich Persor					hasers					_	
	Il States" or								Francis			States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if indi	vidual)									
Business	r Residence	Address (N	Jumber and	Street City	State 7 in (nde)						
Dusiness	n Residence	Addiess (14	umber and	ouces, eny,	, suite, zip (2000)						
Name of A	Associated B	roker or De	aler									
States in V	Vhich Persor	Listed Has	Solicited o	r Intends to	Solicit Purc	hasers						
(Check "A	ll States" or	check indiv	vidual States	s)				••••			☐ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			(Use blan	k sheet, or	copy and use	e additional	copies of thi	is sheet, as n	ecessary.)			

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.						
	Type of Security	C	Aggregate Offering Pric		Am	nount Already Sold	
	Debt Secured Promissory Notes	\$2,000,000			\$1,540,986		
	Equity	<u>\$2.</u>	•		\$ -0-		
	Common Preferred	<u> </u>	-0-	—	3	<u>-v-</u>	
	Convertible Securities (including warrants)	•	^		•	Δ.	
	` ,	<u>\$</u>	-0-		3_	-0-	
	Partnership Interests	<u>\$</u>	-0-		\$	-0-	
	Other (Specify)	\$	-0-		\$	-0-	
	Answer also in Appendix, Column 3, if filing under ULOE.	_\$2,	,000,000		\$1,5	540,986	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."						
			Number Investors		Do	Aggregate ollar Amount of Purchases	
	Accredited Investors		4		\$1,5	540,986	
	Non-accredited Investors		0		\$	-0-	
	Total (for filings under Rule 504 only)				\$		
	Answer also in Appendix, Column 4, if filing under ULOE.						
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.						
	Type of offering		Type of Security		Do	ollar Amount Sold	
	Rule 505		5000.117		s	5014	
	Regulation A				\$	 	
	Rule 504	_			\$		
	Total	_	<u> </u>		\$		
4.					<u>.</u>		
	Transfer Agent's Fees		••••		\$	-0-	
	Printing and Engraving Costs				<u> </u>	-0-	
	Legal Fees			\boxtimes		0,000	
	Accounting Fees				\$	-0-	
	Engineering Fees				\$	-0-	
	Sales Commissions (specify finders' fees separately)				<u> </u>	-0-	
					_	.	
	Other Expenses (identify) Blue Sky filing fees Total					,000 1.000	
	1000	******			34	1,000	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

					
	b. Enter the difference between the aggregate offering price given in response to Question 1 and total expenses furnished in response to Part C - Question 4.a. This d is the "adjusted gross proceeds to the issuer."	liffere	nce		\$1,979,000
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or propused for each of the purposes shown. If the amount for any purpose is not known, estimate and check the box to the left of the estimate. The total of the payments I equal the adjusted gross proceeds to the issuer set forth in response to Part C - Quabove.	furni: isted	sh an must	_	
			Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees		\$		<u> </u>
	Purchase of real estate		\$		<u>\$</u>
	Purchase, rental or leasing and installation of machinery and equipment		<u>\$</u>		<u> </u>
	Construction or leasing of plant buildings and facilities		<u>\$</u>		\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$	П	S
	Repayment of indebtedness		\$	- ㅁ	\$
	Working capital	H	<u>s</u>		\$1,979,000
	Other (specify):	_	y	. [2]	<u> </u>
		_		_	
				₋ ⊔	<u> </u>
	Column Totals		-0-		\$1,979,000
	Total Payments Listed (column totals added)		⊠ s	51 ,97 9	9,000
	D. FEDERAL SIGNATURI	E			
sigr	s issuer has duly caused this notice to be signed by the undersigned duly authorized nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and I ormation furnished by the issuer to any non-accredited investor pursuant to paragraph	Excha	nge Commission,		
Issı	er (Print or Type) Signature				Date
	OTHERMAL SYSTEMS RESEARCH, INC.			-	August <u>20</u> , 2008
	ne (Print or Type) Title (Print or Type) Att Gerber Title (Print or Type) Chief Executive Officer	•			
					END
	ATTENTION				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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Intentional misstatements or omissions of fact Constitute federal criminal violations. (See 18 U.S.C. 1001.)